

2018-2019 Application for Preschool Enrollment



STUDENT INFORMATION

Student's Last Name _____ First _____ Middle _____ Male
 Female
Program Entering (circle options) Full-time Monday Tuesday Wednesday Thursday Friday
Half-days Monday Tuesday Wednesday Thursday Friday (8:00-11:15 only)

Birthday (mo/day/yr) _____ Is the child is completely toilet trained? Yes No

Student Ethnicity White African American Hispanic Multi-Ethnic Other _____

Allergies/Health Concerns _____

Please attach allergy/health statement or instructions, if necessary.

With whom does the student live? _____

Does your family regularly worship at a Church? Yes No

Location: _____

| |
|---|
| For Office Use Only |
| Registration Fee Received _____ |
| Birth Certificate Received _____ |
| Health Record & Immunizations Received _____ |

BIOLOGICAL FATHER'S INFORMATION

Father's Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone # _____ Cell # _____

Work Phone # _____

Employer/Occupation _____

Church Home _____

Married Divorced Widowed Never Married

Name of Spouse _____

BIOLOGICAL MOTHER'S INFORMATION

Mother's Name _____

Street Address _____

City _____ State _____ Zip _____

Email Address _____

Home Phone # _____ Cell # _____

Work Phone # _____

Employer/Occupation _____

Church Home _____

Married Divorced Widowed Never Married

Name of Spouse _____

Please complete the reverse side.

2018-2019 Application for New Preschool Enrollment (cont.)

STEP-PARENT'S, GUARDIAN'S, OR OTHER CAREGIVER'S INFORMATION

| | |
|--|--|
| Name _____ | Name _____ |
| Relationship to Student _____ | Relationship to Student _____ |
| Street Address _____ | Street Address _____ |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Email Address _____ | Email Address _____ |
| Home Phone # _____ Cell # _____ | Home Phone # _____ Cell # _____ |
| Work Phone # _____ | Work Phone # _____ |
| Employer/Occupation _____ | Employer/Occupation _____ |
| Church Home _____ | Church Home _____ |
| <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married | <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married |
| Name of Spouse _____ | Name of Spouse _____ |

PREVIOUS SCHOOL EXPERIENCE

Is your child currently attending a preschool/day care? Yes No If so, which one? _____

Is your child currently attending a home day care? Yes No If so, which one? _____

PARENTS (GUARDIANS) OF ALL STUDENTS

I (we), the undersigned, agree to support all school rules and regulations as outlined in the Preschool Handbook, worship regularly with my child at a Christian Church, and make required tuition payments. I understand that any uncollected tuition may be submitted for collection. I (we) understand that give Trinity Preschool permission to check with my child's current preschool regarding all information in the application. Trinity Preschool reserves the right to ask a parent to withdraw a student whose application was falsely completed or contains information that was misrepresented. I (we) grant permission for my child to be included in any photos the school may use for promotional purposes. (Names will not be used with pictures on websites or external promotions.)

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

How did you hear about Trinity Preschool? _____

A non-refundable application fee of \$50 is due with this application.